[
ARIZONA STATE BOARD OF HEALTH State File No	
1. PLACE OF BIRTH BUREAU OF VITAL STATISTICS Registered No. (2)	
STANDARD CERTIFICATE OF BIRTH	
County State Mc	
District or Township or Village or Village	
CityNo. 630 Alvies Con	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child for Jones If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY) 4. Twin, triplet or other	
in event of plural births. 5. No., in order of bi	of birth 2 23/980
8. FATHER O	14. / MOTHER
Full name (1820s Jon Joly)	Full maiden name Businia Mentes
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	
2/1 2/3	16. Color or race
(// L / Years)	17. Agg) at last birthday (Years)
12. Birthplace (city or place) Leconarus	18. Birthplace (city or place) Lesaa moleda
(State or country)	(State or country)
13. Occupation	19. Occupation
Offliner	Nature of Industry house full
Nature of Industry	
	e and now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein) (b) Born alive certified and including this child.)	e but now dead thalmia neonatorum?
certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR BIDWIFE •	
I hereby certify that I attended the birth of this child, who was	711 11 West / m on the date shows stated
When there was no attending physician	(Born alive or stillborn)
or midwife, then the father, householder. Sivnature	1 17 Townstill
etc., should make this return. A stillborn child is one that neither breathes nor	X /// (000000
shows other evidence of life after birth. Given name added from	(Physician or midwife.)
a supplement report Address	19 83 Dry 200 .
Month, day, year	
Registrar.	Registrar,
172-1223-242	art-Biopigi,
1121462011	
	ASSESSMENT OF THE PROPERTY OF

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